

# Pasadena Community Church Youth Basketball

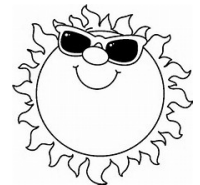
As part of the Recreation Ministry at Pasadena Community Church, the Youth Basketball program is a Christian based non-competitive league designed to provide a safe and fun environment for children in grades 1-12 to learn the fundamentals of basketball.

## Policies & Expectations

1. **To register a child/youth, complete the Registration and Notarized Emergency Medical Release forms with payment during the Saturday registration (4-13-19, 9am - noon) or return all forms with payment to the church by registration deadline. Players are NOT registered until both completed forms and payment is received. (Notary available at 4-13-19 registration).**
2. Players are placed into one of 4 groups based on their age and skill level. New players will go through a skills level drill to determine which group they will be placed. Each group will have several teams of players. Team sizes are limited. Registrations received after last day of registration (see date below) are accepted ONLY if there are positions open and will incur a late fee.
3. Players are taught fundamental basketball skills during weekly practice.
4. Each team will play one game per week. Attendance at practice may affect playing time during the game. Players are expected to show up early for games to get checked in and warmed up.
5. Players are required to wear proper uniform to all practices and games. A uniform is a jersey provided by the league, gym shorts, socks and sneakers. No cutoffs or jewelry.
6. Players from groups A & B must be checked out after a practice or game by a parent or authorized adult. This will be done on the court with the players' coach. Adults for C & D must be present so that the players can leave immediately following the practice or game. If player drives him/herself, indicate on registration form.
7. All players will treat teammates, coaches and all volunteers with dignity and respect at all times.
8. All players are expected to show good sportsmanship whether winning or losing.
9. **All children that are not practicing or playing MUST be supervised by an adult.**
10. No child/youth is to playing outside the gym or anywhere on church property.
11. No individual associated with the Basketball Program will be allowed on the stage or the classroom area in south end of the LEC building.
12. All players and guests are to use the restrooms located across from the concession stand.
13. Pasadena Youth Basketball is run completely by volunteers. **Every family of all players is expected to volunteer to assist the program in some way during the season.** We need coaches, assistant coaches, scorekeepers, and monitors.
14. Pictures may be used for publicity in print and/or internet.

## Summer League Calendar

Saturday, April 13	Registration 9:00am - 12noon in LEC
Saturday, May 18	Skills Testing 8am - noon in LEC
Monday, June 3	Practice begins at 5:30pm
Friday, June 7	First games 5:30-9:00pm
Saturday, June 8	First games 8:30am-5:30pm
Saturday, July 27	Last game and awards



**For questions or updates contact Dean Hoskin, Recreation Director  
deanh@pccumc.org or (727) 381-2499**

### Please Note!

**All children are placed on teams in the order registrations are received.  
When teams are filled, children will be placed on waiting list. Sign up today!**



# Pasadena Community Church Basketball Registration Form



## Player Information - PLEASE PRINT CLEARLY!

Player Name: First \_\_\_\_\_ Last \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade (going into in Aug): \_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_

Parent/Guardian Name: First \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### Uniforms (choose one size)

Youth Small                       Adult Small                       Have one from  
 Youth Medium                       Adult Medium                      previous season  
 Youth Large                       Adult Large

### Volunteers

If you are interested in volunteering, please check below:

Coach/Asst Coach     Scorekeeper     Room Monitor     Concessions

### Informed Consent (Parent Signature Required)

I, the parent/guardian of the registrant, acknowledge that I am completely aware of the inherent risks associated with sports, and hereby waive, release and discharge Pasadena Community Church (PCC) and all of its affiliated organizations, as well as their officers, directors, employees and agents (collectively, the "Released Parties"), from any and all liability and responsibility in the event my minor child, named above, becomes injured in any way during their participation in sporting events or activities associated with the Released Parties. I further state that I and/or my child takes full responsibility for any injury that may occur as a result of my child's participation, and that neither I nor my child will hold the Released Parties responsible for any aggravation of pre-existing injuries prior to or during my child's participation in any sporting event or activity associated with the Released Parties.

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have received a copy of the Policies and Expectations.

If applicable, my child may drive.

I understand the pictures may be used for publicity in print & internet.

YES                       NO

YES                       NO

\_\_\_\_\_ Initials

### Registration Fee

\$100 \_\_\_\_\_

Medical Release Received by PCC \_\_\_\_\_



### EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

**Please Print Information**

Child's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medicines Routinely Taken: \_\_\_\_\_

Name of Custodial Parent(s)/Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Family Physician's Name/Health Care Resource: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Telephone ( ) \_\_\_\_\_

Hospital Preference: \_\_\_\_\_  
Name City

Medical Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Emergency Contact (if custodial parent/guardian cannot be reached): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

**Sign in the presence of the Notary.**

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child \_\_\_\_\_, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

\_\_\_\_\_  
**Signature of Custodial Parent/Legal Guardian (Affiant)**

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me on \_\_\_\_\_, 20\_\_\_\_\_,  
(Month) (Day) (Year)

by \_\_\_\_\_, who is personally known to me or who has  
(Name of Affiant)

produced \_\_\_\_\_ as identification.  
(Type of Identification)

SEAL OF NOTARY

Signed: \_\_\_\_\_  
(Signature of Notary)